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Substitute for form 1449A/PTO				Complete if Known			
				Application Number	10/809,328		
INF	FORMATI	on dis	CLOSURE	Filing Date	March 26, 2004		
STATEMENT BY APPLICANT				First Named Inventor	Göran OLOFSSON		
اري				Group Art Unit	3641		
<u>[3</u>		ny sheets as	necessary)	Examiner Name	Unassigned		
Sheet	1 1	of	1	Attorney Docket Number	43327-202224		

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Examiner Signature	Jans	Date Considered	4/4/2006	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant.

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